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PTO/\$B/05 (11-00)*

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UTILITY PATENT APPLICATION **TRANSMITTAL**

Please type a plus sign (+) inside this box -

Attorney Docket No. First Inventor Method and System for . Submitting Online Via an

(Only for new nonprovision	onal applications under 37 CFR 1.53(b)) Ex	xpress M	1ail Label No	EK781	750	<i>S3S7US</i> §
	ATION ELEMENTS		ADDR	ESS TO:	Assistant Co Box Patent		sioner for Patents
	ncerning utility patent application cont	ents.			Washington		
1. (Submit an original and a Applicant claims See 37 CFR 1.27 3. Specification (preferred arrangeme Descriptive title	[Total Pages 49]		(if app	CD-ROM or CI Computer Proportide and/or Amolicable, all nece Computer Rescription Sequencial Computer Rescription Sequencial Computer Sequencial Computer Rescription Sequencial Computer Sequencial Computer Sequencial Comp	gram (<i>Append</i> ino Acid Sequessary) adable Form	fix) Jence S (CRF)	
- Statement Reg - Reference to s or a computer - Background of	garding Fed sponsored R & D equence listing, a table, program listing appendix		с.	i i. D paper Statements v		ity of al	bove copies
- Brief Description	on of the Drawings (if filed)		AC	COMPANYI	NG APPLI	CATI	ON PARTS
- Detailed Descr - Claim(s) - Abstract of the	•	_	9. 🔀	Assignment Pa 37 CFR 3.73(l (when there is	b) Statement		& document(s)) Power of Attorney
4. Drawing(s) (35 to 5. Oath or Declaration	J.S.C. 113) [Total Sheets]	ر ا ا	11 12	English Trans Information D	isclosure	Γ	Copies of IDS
a. Newly exec	cuted (original or copy) a prior application (37 CFR 1.63 (d)) ation/divisional with Box 18 completed	4) -] 1	13.	Statement (ID Preliminary A Return Recei	mendment pt Postcard (f	MPEP :	→ Citations 503)
i. DELET	FION OF INVENTOR(S) atement attached deleting inventor(s)	·/	15.	(Should be sp Certified Copy (if foreign price	•		ent(s)
named in	the prior application, see 37 CFR and 1.33(b).		16.	Request and (b)(2)(B)(i). Apor its equivale	pplicant must		35 U.S.C. 122 form PTO/SB/35
6 Application Data	Sheet. See 37 CFR 1.76		17.	Other:		•••••	
or in an Application Data Shi Continuation Prior application information: For CONTINUATION OR DIVIS Box 5b, is considered a part of	Divisional Continuation-in-part Examiner	(CIP) of the price	of pri Gra or applicat	ior application No :	an oath or dec	laration	n is sunnlied under
The incorporation can only be	relied upon when a portion has been in	advertently	y omitted f	rom the submitte	ed application	parts.	· · · · · · · · · · · · · · · · · · ·
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Name (Print/Type)	Paul J. Lerner		Registra	ation No. (Atto	rney/Agent)	2	7654
Signature	(Ra 1) 10000					1	15/00

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FEE TRANSMITTAL for FY 2001

Patent fees are subject to annual revision.

TOTAL AMOUNT OF PAYMENT

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Complete if Known						
Application Number						
Filing Date						
First Named Inventor	Alexander I. Poltorak					
Examiner Name						
Group Art Unit						
Attorney Docket No.	MI/APOO					

METHOD OF PAYMENT	FEE CALCULATION (continued)				
The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to:	3. ADDITIONAL FEES				
Deposit	Large Small Entity Entity				
Account Number		Eco Doid			
Deposit	Code (\$) Code (\$)	Fee Paid			
Account Name	105 130 205 65 Surcharge - late filing fee or oath	****			
Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17	127 50 227 25 Surcharge - late provisional filing fee or cover sheet				
Applicant claims small entity status.	139 130 139 130 Non-English specification				
See 37 CFR 1 27 2. Payment Enclosed:	147 2,520 147 2,520 For filing a request for ex parte reexamination				
Check Credit card Money	112 920* 112 920* Requesting publication of SIR prior to Examiner action				
FEE CALCULATION	113 1,840* 113 1,840* Requesting publication of SIR after Examiner action				
1. BASIC FILING FEE	115 110 215 55 Extension for reply within first month				
Large Entity Small Entity	116 390 216 195 Extension for reply within second month				
Fee Fee Fee Fee Description Code (\$) Code (\$) Fee Paid	117 890 217 445 Extension for reply within third month				
404 740 004 055 1814 51 4	118 1,390 218 695 Extension for reply within fourth month				
101 710 201 355 Utility filing fee 3555	128 1,890 228 945 Extension for reply within fifth month	İ			
107 490 207 245 Plant filing fee	119 310 219 155 Notice of Appeal				
108 710 208 355 Reissue filing fee	120 310 220 155 Filing a brief in support of an appeal				
114 150 214 75 Provisional filing fee	121 270 221 135 Request for oral hearing				
011DTOTAL (4) (0) 2 (5)	138 1,510 138 1,510 Petition to institute a public use proceeding				
SUBTOTAL (1) (\$) 355.	140 110 240 55 Petition to revive - unavoidable				
2. EXTRA CLAIM FEES Fee from	141 1,240 241 620 Petition to revive - unıntentional				
Extra Claims below Fee Paid	142 1,240 242 620 Utility issue fee (or reissue)				
Total Claims	143 440 243 220 Design issue fee				
Claims $20^{-3} - 77 \times 40 = 680$	144 600 244 300 Plant issue fee				
Multiple Dependent =	122 130 122 130 Petitions to the Commissioner				
Jargo Entity Constitution	123 50 123 50 Processing fee under 37 CFR 1.17(q)				
Large Entity Small Entity Fee Fee Fee Fee Description	126 180 126 180 Submission of Information Disclosure Stmt				
Code (\$) Code (\$) 103 18 203 9 Claims in excess of 20	581 40 581 40 Recording each patent assignment per property (times number of properties)	40.			
102 80 202 40 Independent claims in excess of 3	146 710 246 355 Filing a submission after final rejection (37 CFR § 1.129(a))				
104 270 204 135 Multiple dependent claim, if not paid 109 80 209 40 ** Reissue independent claims	149 710 249 355 For each additional invention to be				
109 80 209 40 ** Reissue independent claims over original patent	examined (37 CFR § 1.129(b))				
110 18 210 9 ** Reissue claıms in excess of 20 and over original patent	179 710 279 355 Request for Continued Examination (RCE)				
	169 900 169 900 Request for expedited examination of a design application				
SUBTOTAL (2) $(\$)/,283.$	Other fee (specify)				
**or number previously paid, If greater; For Reissues, see above	*Reduced by Basic Filing Fee Paid SUBTOTAL (3) (\$) 40,				

SUBMITTED BY Complete (if applicable) Name (Print/Type) Registration No. 27654 Telephone (845)3684000 E104 erner (Attorney/Agent) Signature 12/5/00

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PTO/SB/06 (08-00)
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Application or Docket Number MI/APOO PATENT APPLICATION FEE DETERMINATION RECORD OTHER THAN CLAIMS AS FILED - PART I SMALL ENTITY SMALL ENTITY (Column 2) (Column 1) FOR NUMBER FILED NUMBER EXTRA **RATE RATE FEE** FEE PARANTANIA BURNATURA BASIC FEE s 355 \$ OR (37 CFR 1.16(a)) TOTAL CLAIMS minus 20 = 9 x \$ 603 OR (37 CFR 1.16(c)) INDEPENDENT CLAIMS 20 minus 3 = <u>40</u>= 680 OR = MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d)) OR = 1,638. TOTAL OR TOTAL * If the difference in column 1 is less then zero, enter "0" in column 2 OTHER THAN CLAIMS AS AMENDED - PART II OR SMALL ENTITY SMALL ENTITY (Column I) (Column 2) (Column 3) hewing, and **CLAIMS** HIGHEST ADDI-ADDI-⋖ 44(4) REMAINING **NUMBER** PRESENT **RATE** TIONAL TIONAL RATE **AMENDMENT** AFTER **PREVIOUSLY EXTRA** FEE FEE AMENDMENT PAID FOR undestillatelle OR Total == Minus (37 CFR 1.16(c)) ĸ \$ The start stars OR Independent *** Minus (37 CFR 1 16(b)) OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1 16(d)) L:1 OR = M. TOTAL TOTAL OR ADDIT. FEE (Column 1) ADDIT, FEE (Column 2) (Column 3) **CLAIMS** HIGHEST ADDI-ADDI-M inglasondy. M REMAINING 1000 NUMBER PRESENT RATE TIONAL TIONAL **RATE** AMENDMENT NA,/rr, 1665 p. 1800 pyrabledd Delddawygygy **AFTER PREVIOUSLY EXTRA** FEE **FEE** AMENDMENT PAID FOR OR Total Minus (37 CFR 1 16(c)) OR Independent *** Minus (37 CFR 1 16(b)) OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) OR

CLAIMS HIGHEST ADDI-ADDI-REMAINING PRESENT NUMBER RATE TIONAL RATE TIONAL **AMENDMENT** AFTER **PREVIOUSLY EXTRA** FEE FEE AMENDMENT STORY PAID FOR OR Total ** Minus (37 CFR 1 16(c)) OR Independent *** Minus (37 CFR 1.16(b)) OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1 16(d)) OR TOTAL TOTAL OR

(Column 3)

TOTAL

ADDIT. FEE

ADDIT. FEE

TOTAL

ADDIT. FEE

ADDIT. FEE

OR

(Column 1)

12

(Column 2)

^{*} If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest numberfound in the appropriate box in column 1.